

# Missouri Division of Medical Services

[www.dss.state.mo.us/dms](http://www.dss.state.mo.us/dms)

## Physicians Bulletin

MC+ MANAGED CARE  
PROGRAM

2002 CPT & HCPCS  
UPDATES

CIRCUMCISIONS

OVER-THE-COUNTER  
DRUGS

[ATTACHMENT A](#)

**Provider Communications**

(800) 392-0938

or  
(573) 751-2896

### MC+ MANAGED CARE PROGRAM

MC+ managed care health plans provide physician benefits to their enrollees. Coverage of physician services under MC+ managed care is the same as for fee-for-service.

Billing requirements outlined in this bulletin apply to services provided to MC+ and Medicaid recipients who receive their services on a fee-for-service basis.

Check with the MC+ managed care health plans for their billing requirements.

### 2002 CPT AND HCPCS UPDATES

On July 16, 2002, Verizon updated the file to begin accepting the 2002 versions of the *Current Procedural Terminology* (CPT) and the *2002 Health Care Procedure Coding System* (HCPCS). The 2002 procedure codes have an effective date of July 1, 2002. Providers have a 60 day transition period to allow time to make the necessary changes. Providers may bill a 2001 code for a 2002 date of service until September 1, 2002. Claims for dates of service on or after September 1, 2002 must contain only those active procedure

codes found in the 2002 CPT book (Level I codes) or the 2002 HCPCS book (Level II codes). Claims for dates of service prior to July 1, 2002 must contain only those procedure codes found in the 2001 CPT or HCPCS books.

Changes which occurred as a result of HCPCS updating were: procedure code deletions; replacement procedure codes; and the addition of new procedure codes.

A copy of the 2002 version of the *Current Procedural Terminology* and *2002 Health Care Procedure Coding System* may be purchased from your local medical book store.

### CIRCUMCISIONS

Effective August 1, 2002, Missouri Medicaid will discontinue coverage of non-therapeutic (elective/routine) circumcisions. Payment for circumcisions will only be made when two physicians document in writing that a disease, pathology or other abnormality exists which requires a medically therapeutic circumcision.

Procedure codes 54150 and 54160 will require a medical necessity with documentation from two physicians that a disease, pathology or other

abnormality exists which requires a medically therapeutic circumcision.

Procedure codes 54152, 54161, 54162, 54163 and 54164 will require prior authorization. Documentation from two physicians that a disease, pathology or other abnormality exists which requires a medically therapeutic circumcision must be attached to the prior authorization request.

### **OVER THE COUNTER DRUGS**

Effective July 1, 2002, the only non-prescription (over-the-counter) drug that Missouri Medicaid will pay for will be insulin. Insulin syringes will still be covered. Any other over-the-counter drugs will only be covered through the Medicaid exceptions process.

For more information, please see the Pharmacy Bulletin, Volume 25, No. 1 dated July 2, 2002 on the DMS Web-site at [www.dss.state.mo.us/dms](http://www.dss.state.mo.us/dms).

# ADDITIONS

## Attachment A

PROCEDURE CODE	REPLACEMENT CODE	PREVIOUS TOS	NEW TOS	COVERAGE	RESTRICTION INDICATOR
26585	26587	9		Covered	
26585	26587	2			
26585	26587	8			
26585	26587	D			
26585	26587	N			
26585	26587	G			
26585	26587	S			
26585	26587	W			
26597	11042	9			
26597	14040	9			
26597	14041	9			
26597	15120	9			
26597	15240	9			
26597	11041	2			
26597	11042	2			
26597	14040	2			
26597	14041	2			
26597	15120	2			
26597	15240	2			
26597	11041	8			
26597	11042	8			
26597	14040	8			
26597	14041	8			
26597	15120	8			
26597	15240	8			
26597	11041	D			
26597	11042	D			
26597	14040	D			
26597	14041	D			
26597	15120	D			
26597	15240	D			
26597	11041	G			
26597	11042	G			
26597	14040	G			
26597	14041	G			
26597	15120	G			
26597	15240	G			
26597	11041	N			
26597	11042	N			
26597	14040	N			
26597	14041	N			
26597	15120	N			
26597	15240	N			
26597	11041	S			
26597	11042	S			
26597	14040	S			
26597	14041	S			
26597	15120	S			
26597	15240	S			
26597	11041	W			
26597	11042	W			
26597	14040	W			

26597	14041	W			
26597	15120	W			
26597	15240	W			
29815	29805	9		Covered	
29815 50	2980550	9		Covered	
29815	29805	2		Covered	
29815 50	2980550	2		Covered	
29815	29805	N		Covered	
29815	29805	D		Covered	
29815	29805	8		Covered	
29815 50	2980550	8		Non-Covered	
29815	29805	G		Covered	
29815	29805	S		Covered	
29815	29805	W		Covered	
29909	29999	2		Covered	
29909 50	2999950	2		Covered	
29909	29999	N		Covered	
29909 50	2999950	N		Covered	
29909	29999	D		Covered	
29909 50	2999950	D		Covered	
29909	29999	8		Covered	
29909 50	2999950	8		Covered	
29909	29999	G		Covered	
29909	29999	S		Covered	
29909	29999	W		Covered	
53443	53431	2		Covered	
53443	53431	N		Covered	
53443	53431	D		Covered	
53443	53431	8		Covered	
53443	53431	G		Covered	
53443	53431	S		Covered	
53443	53431	W		Covered	
54402	54415	2		Non-Covered	
54402	54415	N		Non-Covered	
54402	54415	D		Non-Covered	
54402	54415	8		Non-Covered	
54402	54415	G		Non-Covered	
54402	54415	S		Non-Covered	
54402	54415	W		Non-Covered	
54402	54416	2		Non-Covered	
54402	54416	N		Non-Covered	
54402	54416	D		Non-Covered	
54402	54416	8		Non-Covered	
54402	54416	G		Non-Covered	
54402	54416	S		Non-Covered	
54402	54416	W		Non-Covered	
54407	54406	2		Non-Covered	
54407	54408	2		Non-Covered	
54407	54410	2		Non-Covered	
54407	54406	8		Non-Covered	
54407	54408	8		Non-Covered	
54407	54410	8		Non-Covered	
54407	54406	D		Non-Covered	
54407	54408	D		Non-Covered	
54407	54410	D		Non-Covered	
54407	54406	G		Non-Covered	
54407	54408	G		Non-Covered	

54407	54410	G		Non-Covered	
54407	54406	N		Non-Covered	
54407	54408	N		Non-Covered	
54407	54410	N		Non-Covered	
54407	54406	S		Non-Covered	
54407	54408	S		Non-Covered	
54407	54410	S		Non-Covered	
54407	54406	W		Non-Covered	
54407	54408	W		Non-Covered	
54407	54410	W		Non-Covered	
54409	54408	2		Non-Covered	
54409	54408	8		Non-Covered	
54409	54408	D		Non-Covered	
54409	54408	G		Non-Covered	
54409	54408	N		Non-Covered	
54409	54408	S		Non-Covered	
54409	54408	W		Non-Covered	
54510	54512	9		Covered	
54510 50	5451250	9		Covered	
54510	54512	2			
54510 50	5451250	2			
54510	54512	8			
54510 50	5451250	8			
54510	54512	D			
54510 50	5451250	D			
54510	54512	N			
54510 50	5451250	N			
54510	54512	G			
54510	54512	S			
54510	54512	W			
80072	84550	I			
80072	85651	I			
80072	86255	I			
80072	86430	I			
80072	84550	R			
80072	85651	R			
80072	86255	R			
80072	86430	R			
80072	84550	5			
80072	85651	5			
80072	86255	5			
80072	86430	5			
85095	38220	R	2	Covered	
85102	38221	R	2	Non-Covered	
85535	85536	I			
85535	85536	R		Non-Covered	
85535	85536	5		Non-Covered	
86683	82274	I		Covered	
87060	87070	I			
87060	87081	I			
87060	87070	R			
87060	87081	R			
87060	87070	5			
87060	87081	5			
88170	10021	I	H	Covered	
88170	10021	R	E	Covered	
88170	10021	5	2	Covered	

88171	10022	I	H	Covered	
88171	10022	R	E	Covered	
88171	10022	5	2	Covered	
93536	33967	1	2	Covered	
93536	33967	G		Covered	
93536	33967	S		Covered	
93536	33967	W		Covered	
93607	93622	1			
93737	93741	1			
93737	93743	1			
93737	93741	E			
93737	93743	E			
93737	93741	H			
93737	93743	H			
93738	93742	1			
93738	93744	1			
93738	93742	E			
93738	93744	E			
93738	93742	H			
93738	93744	H			
A9195	A4261	1		Covered	Invoice Required
A9195	J7300	1		Covered	Invoice Required
A9195	A4261	3		Covered	Invoice Required
A9195	J7300	3		Covered	Invoice Required
A9195	A4261	9		Covered	Invoice Required
A9195	J7300	9		Covered	Invoice Required
Y9851	G0198	9		Covered	Prior Authorization
Z2082	A4260	1		Covered	
Z2082	A4260	9		Covered	

If the replacement code was a valid procedure prior to 2002 HCPCS, Missouri Medicaid coverage will remain the same unless otherwise indicated.

[illegible]

24344	2	8	D	N	G	S	W			Covered	
24344 50	2	8	D	N						Covered	
24344 50 62	2									Covered	
24344 62	2									Covered	
24345	2	8	D	N	G	S	W			Covered	
24345 50	2	8	D	N						Covered	
24345 50 62	2									Covered	
24345 62	2									Covered	
24346	2	8	D	N	G	S	W			Covered	
24346 50	2	8	D	N						Covered	
24346 50 62	2									Covered	
24346 62	2									Covered	
25001	2	D	N	G	S	W				Covered	
25001 50	2	8	D	N						Covered	
25024	2	D	N	G	S	W	9			Covered	
25024 50	2	D	N	9						Covered	
25025	2	8	D	N	G	S	W	9		Covered	
25025 50	2	8	D	N	9					Covered	
25259	2	D	N	G	S	W				Covered	
25275	2	8	D	N	G	S	W	9		Covered	
25275 62	2									Covered	Medical Necessity
25394	2	8	D	N	G	S	W			Covered	
25394 50	2	8	D	N						Covered	
25394 50 62	2									Covered	Medical Necessity
25394 62	2									Covered	Medical Necessity
25430	2	D	N	G	S	W				Covered	
25431	2	8	D	N	G	S	W			Covered	
25431 50	2	8	D	N						Covered	
25431 50 62	2									Covered	Medical Necessity
25431 62	2									Covered	Medical Necessity
25651	2	8	D	N	G	S	W			Covered	
25651 50	2	8	D	N						Covered	
25652	2	D	N	G	S	W				Covered	
25652 50	2									Covered	
25652 50 62	2									Covered	Medical Necessity
25652 62	2									Covered	Medical Necessity
25671	2	D	N	G	S	W	9			Covered	
26340	2	D	N	G	S	W				Covered	
29086	2	D	N	G	S	W				Covered	
29086 50	2	D	N							Covered	
29805 62	2									Covered	Medical Necessity
29806	2	D	N	G	S	W	9			Covered	
29806 50	2	D	N	9						Covered	
29806 50 62	2									Covered	Medical Necessity
29806 62	2									Covered	Medical Necessity
29807	2	D	N	G	S	W	9			Covered	
29807 50	2	D	N	9						Covered	
29807 50 62	2									Covered	Medical Necessity
29807 62	2									Covered	Medical Necessity
29824	2	8	D	N	G	S	W	9		Covered	
29824 62	2									Covered	Medical Necessity
29900	2	8	D	N	G	S	W	9		Covered	
29900 50	2	8	D	N	9					Covered	
29901	2	8	D	N	G	S	W	9		Covered	
29901 50	2	8	D	N	9					Covered	
29902	2	8	D	N	G	S	W	9		Covered	

29902 50	2	8	D	N	9					Covered	
29999 62	2									Covered	Medical Necessity
33979	2	8	D	N	G	S	W			Covered	
33980	2	8	D	N	G	S	W			Covered	
35647	2	8	D	N	G	S	W			Covered	
35647 50	2	8	D	N						Covered	
35647 50 62	2									Covered	Medical Necessity
35647 62	2									Covered	Medical Necessity
35685	2	8	D	N	G	S	W			Covered	
35685 50	2	8	D	N						Covered	
35685 50 62	2									Covered	Medical Necessity
35685 62	2									Covered	Medical Necessity
35686	2	8	D	N						Covered	
35686 50	2	8	D	N						Covered	
35686 50 62	2									Covered	Medical Necessity
35686 62	2									Covered	Medical Necessity
36002	2	D	N	G	S	W				Covered	
36819	9										
36820	2	8	D	N	G	S	W	9		Covered	
36820 62	2									Covered	Medical Necessity
43313	2	8	D	N	G	S	W			Covered	
43313 62	2									Covered	Medical Necessity
43314	2	8	D	N	G	S	W			Covered	
43314 62	2									Covered	Medical Necessity
44126	2	8	D	N	G	S	W			Covered	
44126 62	2									Covered	Medical Necessity
44127	2	8	D	N	G	S	W			Covered	
44127 62	2									Covered	Medical Necessity
44128	2	8	D	N						Covered	
44128 62	2									Covered	Medical Necessity
44203	2	8	D	N						Covered	
44203 62	2									Covered	Medical Necessity
44204	2	8	D	N	G	S	W			Covered	
44204 62	2									Covered	Medical Necessity
44205	2	8	D	N	G	S	W			Covered	
44205 62	2									Covered	Medical Necessity
45136	2	8	D	N	G	S	W			Covered	
45136 62	2									Covered	Medical Necessity
46020	2	D	N	G	S	W	9			Covered	
47370	2	8	D	N	G	S	W			Covered	
47370 62	2									Covered	Medical Necessity
47371	2	8	D	N	G	S	W			Covered	
47371 62	2									Covered	Medical Necessity
47380	2	8	D	N	G	S	W			Covered	
47380 62	2									Covered	Medical Necessity
47381	2	8	D	N	G	S	W			Covered	
47381 62	2									Covered	Medical Necessity
47382	2	8	D	N	G	S	W			Covered	
49491	2	8	D	N	G	S	W			Covered	Second Surgical Opinion
49491 50	2	8	D	N						Covered	Second Surgical Opinion
49491 50 62	2									Covered	Med Nec/Sec Surgical
49491 62	2									Covered	Med Nec/Sec Surgical
49492	2	8	D	N	G	S	W			Covered	
49492 50	2	8	D	N						Covered	



[illegible]



J1755	1	9								Covered	
J1835	1	9								Covered	
J2020	1	9								Covered	
J2940	1	9								Covered	
J2941	1	9								Covered	
J3100	1	9								Covered	
J3395	1	9								Covered	Prior Authorization
J7193	1	9								Covered	Invoice Required
J7195	1	9								Covered	Invoice Required
J7302	1	9								Covered	Invoice Required
J7308	1	9								Covered	
J7316	1	9								Covered	
J7340	1	9								Covered	Prior Authorization
J7511	1	9								Covered	
J9017	1	9								Covered	
J9300	1	9								Covered	Prior Authorization
P9045	I									Non-Covered	
P9046	I									Non-Covered	
P9047	I									Non-Covered	
P9048	I									Non-Covered	
P9050	I									Non-Covered	

PROCEDURE CODE	OLD TOS	PRICING INDICATOR
84849	I	Non-Covered
B4240	1	Non-Covered
J0590	1	Non-Covered
J0590	9	Non-Covered
J0810	1	Non-Covered
J0810	9	Non-Covered
J0810YA	1	Non-Covered
J0810YA	9	Non-Covered
J1690	1	Non-Covered
J1690	9	Non-Covered
J2480	1	Non-Covered
J2480	9	Non-Covered
J2640	1	Non-Covered
J2640	9	Non-Covered
J2970	1	Non-Covered
J2970	9	Non-Covered
J2970YA	1	Non-Covered
J2970YA	9	Non-Covered
J2970YB	1	Non-Covered
J2970YB	9	Non-Covered
J3270	1	Non-Covered
J3270	9	Non-Covered
J7315	1	Non-Covered
J7315	9	Non-Covered
P9018	1	Non-Covered
P9018	5	Non-Covered

<b>P9018</b>	<b>9</b>	<b>Non-Covered</b>
<b>P9018</b>	<b>1</b>	<b>Non-Covered</b>
<b>Z2082</b>	<b>3</b>	<b>Non-Covered</b>